# This form requires four weeks to process. Programs may not commence until approval is acquired

**DE-1A Amendment Form Directions:** This form is an amendment to an already approved Driver & Traffic Safety Education (DTSE) program. Sections I and IX must be filled out. Update only the section(s) being changed from your original application. Draw an X through any sections not being changed from your original application. The newly submitted information will be added or amended to your original file.

**Note:** When updating any teacher or instructor credential, or adding a teacher or instructor, the entire line of information for that individual must be filled out, and all of their supportive documentation must be included with this application even if these materials accompanied a previous application.

Is the program using the parent teacher option?  

**Ia. General Information:** Ia. only applies to BOCES that are coordinating programs on a component school district campus site (e.g. High School).

|  |  |  |
| --- | --- | --- |
| Linked BOCES:  For consortium programs only | Name | BEDS Code |
|  |  |

**Ib. General Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | | | BEDS Code |
| School, School District, College, or BOCES |  | | |  |
| Building where classes take place |  | | |  |
| School Type |  | | | |
| Mailing Address |  | | County |  |
| City | , New York | | Zip Code |  |
| Program Administrator | Primary | Secondary (if applicable) | | |
| * Name |  |  | | |
| * Title |  |  | | |
| * E-mail |  |  | | |
| * Phone | Ext | Ext | | |
| * FAX |  |  | | |

**II. Course Dates & Designation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Summer | | Fall | | Spring | |
| (mm/dd/yyyy format) | | (mm/dd/yyyy format) | | (mm/dd/yyyy format) | |
| Starts | Ends | Starts | Ends | Starts | ends |
| Credit Bearing |  |  |  |  |  |  |
| Non-Credit Bearing |  |  |  |  |  |  |
| Credit Bearing |  |  |  |  |  |  |
| Non-Credit Bearing |  |  |  |  |  |  |
| Credit Bearing |  |  |  |  |  |  |
| Non-Credit Bearing |  |  |  |  |  |  |
| Credit Bearing |  |  |  |  |  |  |
| Non-Credit Bearing |  |  |  |  |  |  |

**IIa. Number of Students Served:**

|  |  |  |  |
| --- | --- | --- | --- |
| Estimate the number of students served each semester | Summer | Fall | Spring |
|  |  |  |

**III. Instruction:**

Summer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type Of Instruction | | # of Periods | X | Minutes Per Period | = | Instructional Minutes |
| *Classroom* (min. 1440 minutes: equivalent to 24 hours) | |  | X |  | **=** |  |
| \*5 hour pre-licensing course content is included within the program’s 24 hours of classroom instruction | | | | | |  |
| Min. 1440 minutes: equivalent to 24 hours | Behind-The-Wheel (min. 360 minutes) |  | X |  | = |  |
| In-Car Observation (min. 360 minutes) |  | X |  | = |  |
| Simulation (no minimum requirement) |  | X |  | = |  |
| Range (no minimum requirement) |  | X |  | = |  |
| Total *Laboratory* Instructional Hours (minimum 1440 minutes: equivalent to 24 hours) | | | | | |  |
| Total NYS-DTSE Instructional Hours (minimum 2880 minutes: equivalent to 48 hours) | | | | | |  |

Fall/Spring

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type Of Instruction | | # of Periods | X | Minutes Per Period | = | Instructional Minutes |
| *Classroom* (min. 1440 minutes: equivalent to 24 hours) | |  | X |  | **=** |  |
| \*5 hour pre-licensing course content is included within the program’s 24 hours of classroom instruction | | | | | |  |
| Min. 1440 minutes: equivalent to 24 hours | Behind-The-Wheel (min. 360 minutes) |  | X |  | = |  |
| In-Car Observation (min. 360 minutes) |  | X |  | = |  |
| Simulation (no minimum requirement) |  | X |  | = |  |
| Range (no minimum requirement) |  | X |  | = |  |
| Total *Laboratory* Instructional Hours (minimum 1440 minutes: equivalent to 24 hours) | | | | | |  |
| Total NYS-DTSE Instructional Hours (minimum 2880 minutes: equivalent to 48 hours) | | | | | |  |

**Note**: \* Schools, school districts, colleges, and BOCES may deliver the 5 hour pre-licensing course within the instructional framework of an approved DTSE program. Please note that embedding the 5 hour pre-licensing course leading to an MV-278 is not a requirement of the DTSE program. The 5 hour pre-licensing instructor’s manual can be downloaded at <http://www.p12.nysed.gov/cte/de/Tools.html>.

**IV. Fees & Charges:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Summer | | Fall | | Spring | |
| Resident | Non-Resident | Resident | Non-Resident | Resident | Non-Resident |
| Credit Bearing (½) | $ | $ | $ | $ | $ | $ |
| Non-Credit Bearing | $ | $ | $ | $ | $ | $ |

**V. Insurance:**

The school, school district, college, or BOCES seeking approval on this form assures that all vehicles used in the delivery of this DTSE course will be properly insured, inspected and labeled according to Section VII, 1-6 of the 2010 DTSE Guidelines.

**VI. MV-283 card holders:**

MV-283 card holders may teach classroom/lecture, behind the wheel (BTW), simulation, range, and observation. Your program(s) classroom/lecture teacher(s) must hold a valid MV-283 card **AND** be a direct employee of your program. If teaching in a public school, the classroom/lecture teacher must hold a valid NYS classroom teaching certificate for grades K-12 or 7-12.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Drop/  Add/  Update  (D/A/U) | Classroom/  Lecture Teacher  Y or N | MV-283 Card #  & Exp Date (or P for permanent) | | Drivers License #  & Exp Date \* | | Input  Into School LENS Account  (Y or N) | OSPRA Criminal History  Check  Y, N, or G (grandfathered) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Note**: Please submit a clear copy of each listed individual’s MV-283 card, drivers’ license and New York State K-12 or 7-12 classroom teaching certificate (non-public schools excluded), and screen shot of your program’s LENS account along with this application.

**Note**: Programs listing out-of-state drivers must include the driver’s “official” (no copies, Web print outs, or unofficial facsimiles) driving abstract within 30 days, which must also be amended via form DE-1A prior to each semester the DTSE course is taught.

**VII.** MV-524 card holders:

May teach behind the wheel and observation, must be a valid MV-524 card holder and have completed the 30 Hour Basic Instructor’s Course.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Drop/  Add/  Update  (D/A/U) | Drivers License #  & Exp Date \* | | MV-524 Card #  & Exp Date | | Completed  the 30 Hour  Basic Instructor’s Course  (Y or N) | Input  Into School LENS Account  (Y or N) | OSPRA Criminal History  Check  Y, N, or G (grandfathered) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Note**: Please submit a clear copy of each listed individual’s MV-524 card, drivers’ license and assurance of 30 Hour Basic Instructor’s course, and screen shot of your program’s LENS account along with this application.

**Note**: Programs listing out-of-state drivers must include the driver’s “official” (no copies, Web print outs, or unofficial facsimiles) driving abstract within 30 days, which must also be amended via form DE-1A prior to each semester the DTSE course is taught.

**VIII. Driving School Contract Components:**

A copy of your program’s contract (no bids) must accompany this application. For a list of commercial driving school contract required components please go to: <http://www.p12.nysed.gov/cte/docs/CommercialDrivingSchoolContractsRequiredComponents.doc>.

|  |  |  |  |
| --- | --- | --- | --- |
| Driving School’s Name |  | | |
| Driving School Contract Start Date |  | Contract End Date |  |
| Driving School License Expiration Date |  | | |

**Note**: Sections seven and eight should be left blank if your program does **not** contract the Behind-The-Wheel portion of its DTSE course with a commercial driving school or AAA. If your program does have a contract with a commercial driving school or AAA, a copy of the contract must accompany this application.

**Note**: Please attach a copy of the Driving School license with this form. Each driving school receives a license once it is approved. The Driving School license expiration date can be found on the license.

**IX. Assurances**: Parts a, b, c and d

Offering a false instrument for filing in the first degree is a CLASS E FELONY under New York State Penal Law section 175.35. To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result, at a minimum, in the revocation of program approval.

**IX a. Form Preparation:**

I affirm that I have read the entire application and am familiar with all of its contents and that all answers, statements, and other matters are true.

I also affirm that this DE-1A form has been prepared by me, that I am a direct school employee, and that no commercial driving school, or entity acting in such capacity, had directed me as to what information to place on this form, other than supplying materials such as driver’s license(s), MV-524 card(s), driving abstract(s), and assurance of 30 hour Instructor’s Course, etc. pertaining to section VII (MV-524 card holders) above.

Signature (blue ink) of the primary individual who has prepared this form:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:

Title:

**IX b. LENS Affirmation:** – optional for non-public schools

I affirm that I maintain this DTSE program’s LENS account, and that it is up to date and in good standing with the NYS DMV. Further, all lecture teachers and behind the wheel instructors who participate in this application’s program have been entered into this LENS account.

Signature (blue ink) of the administrator who maintains ownership of your school’s LENS account:

Note: This is not a requirement for private school programs. If your school is not participating in LENS please draw an X through this signature box.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:

Title:

**IX c. Administration:**

I affirm that I have read the entire application and am familiar with all of its contents, that the application was prepared by a direct school employee, that all answers, statements, and other matters are true, and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of NYS-DTSE.

Signature (blue ink) of the administrator coordinating the New York State DTSE program

**Note**: This may not be a teacher delivering instruction within the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:       Administrative Certification #:

Title:

**IX d. Administration:**

I affirm that I have read the entire application and am familiar with all of its contents, that the application was prepared by a direct school employee, that all answers, statements, and other matters are true, and that the course will be conducted in accordance with the Vehicle and Traffic Law, Education Law, and current State Education Department Guidelines governing the conduct of NYS-DTSE.

Signature (blue ink) of **Superintendent** (public school or BOCES), **Central Office Administrator** (private school), **or Administrator of the college**

**Note**: This administrator must be of an appropriate level to sign an agreement/contract between his/her agency and the New York State Education Department.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print Name:       Administrative Certification #:

Title:

**Send an original copy of this form to:**

New York State Education Department

Career & Technical Education Office

Driver & Traffic Safety Education Team Room 315 EB

89 Washington Ave.

Albany, NY 12234